DELINEATION OF CLINICAL PRIVILEGES - OPHTHALMOLOGY (For use of this form, see AR 40-68; the proponent agency is OTSG. 2. RANK/GRADE | 3. FACILITY 1. NAME OF PROVIDER (Last, First, MI) INSTRUCTIONS: PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440. SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form. APPROVAL CODES PROVIDER CODES 1 - Approved as fully competent 1 - Fully competent to perform 2 - Modification required (Justification noted) 2 - Modification requested (Justification attached) 3 - Supervision required 3 - Supervision requested 4 - Not approved, insufficient expertise 4 - Not requested due to lack of expertise 5 - Not approved, insufficient facility support 5 - Not requested due to lack of facility support SECTION I - CLINICAL PRIVILEGES Requested Approved Requested Approved Pediatric Ophthalmology General Ophthalmology **PROCEDURES** CONJUNCTIVA **EYELID** Requested | Approved Requested Approved a. Repair of lacerations a. Laceration, partial thickness b. Removal of tumors b. Laceration, full thickness (single or multiple) c. Excision and repair of pterygium c. Canalicular lacerations d. Conjunctival transplantation d. Total eyelid reconstruction e. Conjunctival mucous membrane grafting Upper eyelid f. Cryotherapy (2) Lower eyelid g. Lysis of symblepharon e. Partial eyelid reconstruction h. Fornix reconstruction Upper eyelid (1) Lower eyelid (2)f. Canthus reconstruction - medial or lateral CORNEA g. Skin grafts to eyelids, upper or lower Requested Approved h. Eyelash grafts a. Lamellar keratoplasty i. Eyebrow grafts b. Penetrating keratoplasty j. Excision of eyelid tumors c. Repair of lacerations k. Eyelid incision and drainage (1&D) d. Tumor excision I. Scar revision - eyelid, brows e. Removal of foreign body m. Correction of blepharospasm f. Conjunctival flaps n. Correction of congenital eyelid deformities g. Cauterization procedures o. Dermabrasion h. Relaxing incisions p. Repair of i. Astigmatism reduction procedures Blepharochalasis (1) i. Keratoprosthesis Dermatochalasis, upper or lower lid k. Periosteal grafts Epicanthus (3)1. Patch grafts Telecanthus (4)Ectropion, entropion (5) (6) Evelid malposition LENS (7)Eyelid retraction Requested | Approved a. Extracapsular cataract extraction Brow ptosis (8) b. Intracapsular cataract extraction c. Phaco-emulsification of cataract

ENS (Continu	red)			OCULAR M	USCLES		
	Approved		以4.10名。在4.15年,19.14年(19.14年) 19.14年(19.14年)	Requested	Approved	SK	
		d. Dis	scission of lens capsule			17500	Resection of ocular muscle, fixed
		e. Ca	psulotomy			b.	Resection of ocular muscle, adjustable
		f. Ca	psulectomy - partial or complete			c.	Resection of ocular muscle
		g. Int	raocular lens -			d.	Myectomy of ocular muscle
		(1)	Insertion			e.	Myotomy of ocular muscle
		(2)	Removal			f.	Tenectomy of ocular muscle
		(3)	Repositioning			g.	Tenotomy of ocular muscle
		h. Ler	nsectomy using vitreous cutting			h.	Tucking of ocular muscle
			vice			i.	Posterior fixation suture of ocular muscl
		i. Ph	ako-fragmentation			j.	Transplantation of ocular muscle
		j. Su	rgical capsulectomy				
				ORBIT		interior in	
				Requested	Approved		
				1911		a.	Optic nerve decompression
Requested	Approved					b.	Orbitotomy -
requested	прргочеа	a. Ex	tracapsular cataract extraction				(1) Lateral
			tracapsular cataract extraction				(2) Anterior
		1000	naco-emulsification of cataract				(3) Medial
			scission of lens capsule				(4) Inferior
		-	apsulotomy			c.	Repair of -
			doplasty				(1) Orbital floor fractures
			uopiasty iser iridotomy			\vdash	(2) Orbital wall fractures
		g. La	iser induturity				(3) Orbital rim fractures
						+	(4) Trimalar fractures
01.4110.084		Sile and Title		925		+	(5) Orbital deformities
GLAUCOM/ Requested						+	(6) Exenteration deformity with bone
		a. Co	orneoscleral trephination			-	/muscle/dermis-fat grafts
		b. Tr	rabeculectomy			-	Fine needle aspiration biopsy (orbit)
		c. Tr	rabeculotomy			-	Removal of foreign body (orbit)
		d. G	oniotomy			-	Antral/ethmoid decompression
		e. As	spiration of anterior chamber			g.	Exenteration, with or without skin graft
		f. Po	osterior sclerectomy			h.	Orbital volume augmentation
		g. Po	osterior sclerotomy				
		h. La	aser trabeculoplasty				
				LACRIMAL			
-				Requested	Approved		Biopsy lacrimal gland
COLEDA		11000000				-	A NEW TOTAL CONTROL OF THE PROPERTY OF THE PRO
SCLERA Requested	Approved					-	Excision of lacrimal gland tumors
		a. S	uturing of sclera incisions, lacerations, nd ruptures			+	. Dacryocystotomy . Dacryocystectomy
			cleral dissection and resection			е	. Conjunctival dacryocystorhinostomy
		-	cleral implant			f.	Canalicular dacryocystorhinostomy
		_	cleral exoplant			g	. Probing of lacrimal system
		1000000	Diathermy of sclera			h	. Intubation of lacrimal collecting system
		-	Cryopexy of sclera			-	Correction of punctal malposition
		-				j.	
		g. S	cleral graft			-	. Repair of lacrimal fistula
						-	Turbinate fracture

Requested	Approved				a. Removal of intra-foreign bodies
		m. Dacryoadenectomy			b. Examination under anesthesia
					c. Enucleation, with or without implant
					d. Evisceration, with or without implant, w
ETINA					or without preservation of cornea
Requested	Approved		nei e		
		a. Cryopexy of retinal holes			
		b. Diathermy of retinal holes	SOCKET RECONSTR	LICTION	
		c. Intraocular laser photocoagulation	Requested	Approved	
		d. Slit lamp laser photocoagulation			a. Repair of extruding, extruded implant
		e. Retinal membrane peeling			b. Scleral, facial patch grafting
		f. Retinal suturing			c. Dermis-fat grafting
					d. Socket augmentation for correction of enophthalmos
CHOROID			9 1		e. Fornix reconstruction
Requested	Approved				f. Repair eyelid structure weakness
		a. Cryopexy of choroid			g. Mucous membrane grafting
		b. Diathermy of choroid		_	h. Repair of contracted sockets
		c. Subretinal fluid drainage			i. Socket expansion to correct congenital
		d. Intraocular gas injection			deformities
		e. Intraocular medication injections			
			OTHER Requested	Approved	
/ITREOUS			Nequested	Арргочеа	a. Cyclo-photocoagulation
Requested	Approved	a. Closed vitrectomy			b. Indirect laser photocoagulation
					The state of the s
		b. Open sky vitrectomy			
		c. Aspiration of vitreous			
		d. Intraocular medication injections			
COMMENT					
		SI	GNATURE OF P	ROVIDER	DATE (YYYYMMD) Page 3 of 4 P.

EYEBALL

Requested Approved

LACRIMAL SYSTEM

SECTION II - SUPERVISOR'S RECOMMENDATION							
Approval as requested	Approval with Modification	ns (Specify below)		Disapproval (Specify below)			
COMMENTS							
		CICNIATION			DATE (YYYYMMDD)		
DEPARTMENT/SERVICE CHIEF (Typed I	name and title)	SIGNATURE			DATE (TYTYMMUD)		
SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION							
	SECTION III - CREDENTI	ALS COMMITTE	E RECOMME	NDATION			
Approval as requested	SECTION III - CREDENTI		E RECOMME	Disapproval (Specify below)			
Approval as requested COMMENTS							
COMMENTS	Approval with Modification	ons (Specify below)					
	Approval with Modification				DATE (YYYYMMDD)		
COMMENTS	Approval with Modification	ons (Specify below)					

EVALUATION OF CLINICAL PRIVILEGES - OPHTHALMOLOGY (For use of this form, see AR 40-68; the proponent agency is OTSG.)						
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EV	ALUATION (YYYYMMDD) TO			
1. DEPARTMENT/SERVICE 5. FACILITY (Name and Address: City/State/ZIP Code)						
INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities						

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

CODE	CLINICAL PRIVILEGES		UN-	NOT
CODE		ACCEPTABLE	ACCEPTABLE	APPLICABL
	General Ophthalmology			
rie aleman	Pediatric Ophthalmology	Vicinity is a second		
	PROCEDURE/SKILL			
	a. Laceration, partial thickness			
	b. Laceration, full thickness (single or multiple)			
	c. Canalicular lacerations			
	d. Total eyelid reconstruction -	181484		
III UE O	(1) Upper eyelid			
	(2) Lower eyelid			
Hall Californ	e. Partial eyelid reconstruction -		Yangi San	
	(1) Upper eyelid			
	(2) Lower eyelid			
	f. Canthus reconstruction - medial or lateral			
	g. Skin grafts to eyelids, upper or lower			
	h. Eyelash grafts			
	i. Eyebrow grafts			
	j. Excision of eyelid tumors			
	k. Eyelid incision and drainage (I&D)			
	Scar revision - eyelid, brows			
	m. Correction of blepharospasm			
	n. Correction of congenital eyelid deformities			
	o. Dermabrasion			
WES IN	p. Repair of -			
	(1) Blepharochalasis			
	(2) Dermatochalasis, upper or lower lid			
	(3) Epicanthus			
	(4) Telecanthus			
	(5) Ectropion, entropion			
	(6) Eyelid malposition			
	(7) Eyelid retraction			
	(8) Brow ptosis			
	N5/ (700) F000			

CODE	PROCEDURE/SKILL (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	CONJUNCTIVA	ACCELTABLE	ACCEL TABLE	
	a. Repair of lacerations			
	b. Removal of tumors			
	c. Excision and repair of pterygium			
	d. Conjunctival transplantation			
	e. Conjunctival mucous membrane grafting			
	f. Cryotherapy			
	g. Lysis of symblepharon			
	h. Fornix reconstruction			
Spile Committee	CORNEA			
	a. Lamellar keratoplasty			
	b. Penetrating keratoplasty			
	c. Repair of lacerations			
	d. Tumor excision			
	e. Removal of foreign body			
	f. Conjunctival flaps			
	g. Cauterization procedures			
	h. Relaxing incisions			
	i. Astigmatism reduction procedures			
	j. Keratoprosthesis			
	k. Periosteal grafts			
	200 10 15000 2000 110 300			
	I. Patch grafts			
	LENS		D) 90/40 0	A CONTRACTOR
10.24	a. Extracapsular cataract extraction			
	b. Intracapsular cataract extraction			
	c. Phaco-emulsification of cataract			
	d. Discission of lens capsule			
	e. Capsulotomy			
	f. Capsulectomy - partial or complete			
SCHOOL STATE	g. Intraocular lens -			
	(1) Insertion			
	(2) Removal			
	(3) Repositioning			
	h. Lensectomy using vitreous cutting device			
	i. Phako-fragmentation			
	j. Surgical capsulectomy			
Yanti alahin	IRIS			
	a. Extracapsular cataract extraction			
	b. Intracapsular cataract extraction			
	c. Phaco-emulsification of cataract		17 - 7 1	
	d. Discission of lens capsule			

CODE	PROCEDURE/SKILL (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
Tesay e	IRIS (Continued)	ASSES ALIGNA		
	f. Iridoplasty			
	g. Laser iridotomy			
	GLAUCOMA	AT LEVEN SE		THE EVENT
	a. Corneoscleral trephination			
	b. Trabeculectomy			
	c. Trabeculotomy			
	d. Goniotomy			
	e. Aspiration of anterior chamber			
	f. Posterior sclerectomy			
	g. Posterior sclerotomy			
	h. Laser trabeculoplasty			
	SCLERA	Temelia inte		
	a. Suturing of sclera incisions, lacerations, and ruptures			
	b. Scleral dissection and resection			
	c. Scleral implant			
	d. Scleral exoplant			
	e. Diathermy of sclera			
	f. Cryopexy of sclera			
	g. Scleral graft			
	OCULAR MUSCLES			
	a. Resection of ocular muscle, fixed			
	b. Resection of ocular muscle, adjustable			
	c. Resection of ocular muscle			
	d. Myectomy of ocular muscle			
	e. Myotomy of ocular muscle			
	f. Tenectomy of ocular muscle			
	g. Tenotomy of ocular muscle			
	h. Tucking of ocular muscle			
	i. Posterior fixation suture of ocular muscle			
	j. Transplantation of ocular muscle			
	** 30-00 (*** *** *** *** *** *** *** *** ***			
	ORBIT	CELL LA LA COMPANIONE		
	a. Optic nerve decompression			
	b. Orbitotomy -			
	(1) Lateral			
	(2) Anterior			
	(3) Medial			
	(4) Inferior			
	c. Repair of -			
	(1) Orbital floor fractures			
	(2) Orbital wall fractures			

CODE	PROCEDURE/SKILL (Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT
Manual Control	ORBIT (Continued)	ACCEPTABLE	ACCEPTABLE	APPLICABLE
	(3) Orbital rim fractures			
	(4) Trimalar fractures			
	(5) Orbital deformities			
	(6) Exenteration deformity with bone/muscle/dermis-fat grafts			
	d. Fine needle aspiration biopsy (orbit)			
	e. Removal of foreign body (orbit)			
	f. Antral/ethmoid decompression			
	g. Exenteration, with or without skin grafts			
	h. Orbital volume augmentation			
		EXAMPS IN		
	a. Biopsy lacrimal gland	Taking All S		
	b. Excision of lacrimal gland tumors			
	c. Dacryocystotomy			
	d. Dacryocystectomy			
	e. Conjunctival dacryocystorhinostomy			
1491	f. Canalicular dacryocystorhinostomy			
	g. Probing of lacrimal system			
	h. Intubation of lacrimal collecting system			
	i. Correction of punctal malposition			
	j. Repair of lacrimal trauma			
	k. Repair of lacrimal fistula			
	Turbinate fracture			
	m. Dacryoadenectomy			
	RETINA	相談差別。当年		
	a. Cryopexy of retinal holes			
	b. Diathermy of retinal holes			
	c. Intraocular laser photocoagulation			
	d. Slit lamp laser photocoagulation			
	e. Retinal membrane peeling			
	f. Retinal suturing	11		
	CHOROID			
	a. Cryopexy of choroid			
	b. Diathermy of choroid			
	c. Subretinal fluid drainage			
	d. Intraocular gas injection			
	e. Intraocular medication injections			
	•			
	VITREOUS			
	a. Closed vitrectomy			
	b. Open sky vitrectomy			
	c. Aspiration of vitreous			

CODE	PROCEDURE/SKILL /c	Continued)	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
A HX C C	VITREOUS (Continu	ued)			
	d. Intraocular medication injections	_			
并是特別之前	EYEBALL		A COUNTY FOR THE	LOSS LA	
	a. Removal of intra-foreign bodies				
	b. Examination under anesthesia		_		
	c. Enucleation, with or without implant				
	d. Evisceration, with or without implant, with or	without preservation of cornea			
on the sport	SOCKET RECONSTRU	ICTION			P 2 II S NOT THE REAL PROPERTY.
	a. Repair of extruding, extruded implant				
	b. Scleral, facial patch grafting				
	c. Dermis-fat grafting				
	d. Socket augmentation for correction of enophths	almos			
	e. Fornix reconstruction				
	f. Repair eyelid structure weakness				
	g. Mucous membrane grafting				
	h. Repair of contracted sockets				
	i. Socket expansion to correct congenital deformi	ties			
		0.00000			
	OTHER				
	a. Cyclo-photocoagulation				
	b. Indirect laser photocoagulation				
	SECTION II - COMME	NTS (Explain any rating that is "Unacceptable".)		
	OLOTTON II COMMIL	1410 (Explainary rating that is oneceptable	<u> </u>		
					-
NAME AND	TITLE OF EVALUATOR	SIGNATURE		DATE	YYYYMMDD)